

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

JUN 22 2005

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee correspondence.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

46339

7590

03/25/2005

BRISTOL - MYERS SQUIBB COMPANY

PO BOX 4000

PRINCETON, NJ 08543-4000

06/23/2005 MBERHE1 00000149 193880 10803724

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 30.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Lorjann Kazmercyk (Depositor's name)  
[Signature] (Signature)  
June 22, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/803,724	03/18/2004	Shuang Liu	PH-7384 DIV//BMS-2601	6026

TITLE OF INVENTION: N-SUBSTITUTED 3-HYDROXY-4-PYRIDINONES AND PHARMACEUTICALS CONTAINING THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
AULAKH, CHARANJIT	1625	424-001650

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 Woodcock Washburn LLP  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bristol-Myers Squibb Pharma Company

Princeton, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19 3880 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

[Signature]

Date

Jun 27 2005

Typed or printed name

Warren K. Volles

Registration No.

33,810

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

3

**FACSIMILE TRANSMITTAL SHEET****BRISTOL-MYERS SQUIBB COMPANY**

Patent Department  
P. O. Box 5100  
5 Research Parkway  
Wallingford, CT 06492-7660

TELECOPIER NO.: 203-677-6900

<b>TO:</b>	Examiner Aulakh, Charanjit PTO Art Unit 1625 fax: 703-746-4000
<b>FROM:</b>	Warren K. Volles Bristol-Myers Squibb Company fax: 203-677-6900
<b>TOTAL NUMBER OF PAGES INCLUDING THIS ONE:</b> <u>3</u> <i>If this fax is imperfectly received, please contact (203) 677-7949 immediately.</i>	
<b>DATE:</b>	

RE: Application No. 10/803,724 Docket No. PH7384-DIV/BMS-2601

Documents attached:

- Fee Transmittal Form (2 copies)

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Loriann Kazmercyk  
Type or print name

Loriann Kazmercyk  
Signature

June 22, 2005  
Date